

THE AMA NEWS

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May 4, 1959

The Newspaper of American Medicine

Capsules of the NEWS...

Flu Vaccine: A commercially prepared vaccine, containing the epidemic strain, has proved 83% effective in preventing Asian influenza among a group of Naval recruits, U.S. Navy and Public Health Service announced.

Rx for Aged: Almost 80% of U.S. druggists follow a policy of reducing prescription prices for elderly patrons—particularly those with low incomes—an *American Druggist* survey revealed.

Cancer Tests: A proposal that members of Congress and other leaders of the nation have regular physical check-ups including studies for cancer has been made by Dr. Isidor S. Ravdin, member of the group of physicians who operated on the President for ileitis in '56.

MDs Rapped: Hungary's Communist government has adopted new decrees to curb private practice by physicians. An official announcement said the decree would "help to liquidate the remnants of capitalist moral conception in the field of health affairs."

Telephone Rx: Committee of physicians and pharmacists in Cleveland have urged MDs to telephone orders for prescriptions of drugs in person, rather than rely on office assistants, and to use extreme caution in allowing aides to write orders on pre-signed Rx blanks. Committee made recommendations in effort to reduce possibility of errors in transmission of Rx's.

Q & A Dept.: Have a knotty problem regarding practice management? See new Q & A feature on page 9.

Tax Change: Physicians can now make a written request to Internal Revenue Service for permission to change their accounting method used in figuring federal income tax. Rules for governing adjustments required in change-over now are available.

Kidney Transplant: First successful kidney transplant involving fraternal twins has been accomplished by MDs at Peter Bent Brigham Hospital. A near-deadly dose of x-rays—450 roentgens—apparently kept lymphoid tissues from producing antibodies which would have made John Riteris, 23, reject kidney of his bigger and darker-complexioned twin, Andrew. Patient was given buffycoat transfusion during treatment.

Senate Studies Insurance Plans

The Administration formally proposed a health insurance plan to cover all civilian government workers who wish to join. Under the program, the federal government would contribute one-third of the estimated \$246 million annual cost.

The recommendation was submitted to a Senate Post Office and Civil Service Subcommittee that opened hearings on the issue recently. The other major proposal in the field is a bill by Sen. Olin D. Johnston (D., S.C.), chairman of the full Post Office Committee.

Unions Back Measure: Most federal employee unions as well as other organized labor groups are backing the Johnston measure, which provides for

See Legislative Front, Page 6

the government to put up two-thirds of the cost of basic health benefits and the total cost of catastrophic health insurance.

The American Hospital Assn., Blue Shield and Blue Cross also are endorsing the bill with modifications, while at the same time attacking the Administration's deductibility provisions.

Administration witnesses opposed the Johnston measure, contending among other things that it could be administratively unwieldy because too many private plans might participate.

GE Plan Followed: The Administration proposal is modeled after the plan now used by General Electric. Under it, employees would pay the first \$50 of hospital expenses, and the plan would pay 100% of the next \$200 of semi-private hospital expenses and 80% of costs over this.

For medical expenses, the employees would also pay the first \$50, and the plan pays 80% of the remainder. In any event, the employee would pay no more than \$50 initial expenses during any one year.

Maternity benefits would not exceed actual cost of hospitalization and

(See Senate, Page 2)



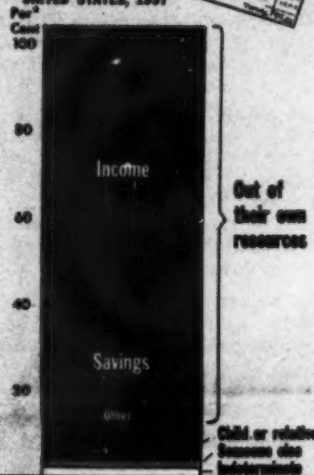
A MINIATURIZED TV CAMERA that is worn on the head helps solve a difficult teaching problem—showing many students at one time critical areas within the ear, nose, and throat. Demonstrating use of the camera is Dr. Hans von Leden, Northwestern University Medical School.

An Editorial

Meany Exploits Report on Aged

SOURCE OF PAYMENT OF DOCTOR BILLS PERSONS AGED 65 AND OVER

UNITED STATES, 1957



Includes only persons having to pay a doctor for out-of-hospital services.
For costs total more than \$100 show each individual may have paid the doctor from more than one source.
Source: Health Information Foundation
AMA NEWS (Copyright)

Further evidence that the powerful AFL-CIO is actively campaigning to push the Forand bill (H.R. 4700) through this session of Congress came in an April 13 press release from the Labor organization's president, George Meany.

The labor leader's statement commented on the Department of Health, Education, and Welfare's report to the House Ways and Means Committee on programs to assist the aged in meeting medical bills. (See story on report, *AMA News*, April 20.)

Report Exploited: Meany's 500-word statement was an attempt to exploit the HEW report. By lifting segments of the report out of context and by playing loosely with the facts contained therein, Meany gave the erroneous impression that the report provides, as he put it, "overwhelming statistical evidence supporting labor's claim that retired workers cannot afford the rising costs of medical care."

This, of course, is a misstatement of fact.

Actually the HEW report listed the arguments for and against federal action, said there was general agreement that a problem does exist in providing care for old people, but did not attempt to present conclusions and recommendations.

What Report Said: The report did state, however, that "In our society the existence of a problem does not necessarily indicate that action by the federal government is desirable."

In transmitting the report to Congress, HEW Secretary Arthur S. Flemming said, "We have attempted to present the most important factual information bearing on this subject in the most objective possible manner."

Meany, however, congratulated Secretary Flemming on a report which, Meany stated, "cuts through the fog of poisonous misinformation circling the issue."

(See Meany, Page 2)

MDs Will Continue Reduced Rate Plan

The State of Oregon has been assured by the state's physicians of continued medical care for welfare patients regardless of the state welfare commission's ability to pay. The commission's budget is expected to be \$700,000 short by July 1, cutting into the medical aid program.

Oregon doctors for years have cared for welfare patients at markedly reduced rates at the same time preserving for the patient free choice of physician. The present assurance to the state came at a time when the Oregon physicians had been asking for a more equitable financial arrangement with the commission.

Fees Keep Few Aged from MDs

Only three percent of all persons 65 or older interviewed in a recent survey said they delayed consulting a physician because of the cost.

Approximately 1700 persons in the over-65 age group were interviewed in the study, made by Chicago University's National Opinion Research Center in cooperation with Health Information Foundation.

Questions centered on the group's health, living arrangements and income. About 85% of those interviewed said they had had a health complaint or illness in the four weeks preceding the survey.

Among the aged who had visited a physician in that four-week period, four out of five were able to pay for the service—either from their own income or savings, or with the help of relatives. About 58% of the persons paying reported bills under \$10.

One-fifth of those receiving medical care in the four-week period did not have to pay for it. In most of these cases, the bill was paid by a welfare or charitable agency, or the physician made no charge.

George Bugbee, HIF president, said although incomes are generally lower among the older age groups, "economic factors seem to be a relatively minor element" in the aged's reluctance to see a physician.

Meany Exploits Report on Aged

(Continued from Page 1)

lated by opponents of the Forand bill—notably the American Medical Association.

This statement is not based on facts contained within—or outside—the report.

Concurrent Release: By some strange coincidence, Meany's statement was released concurrently with the 117-page HEW report. Other organizations, including the AMA, were asked to comment on the report on April 13 but had to withhold comment until they had had an opportunity to study the lengthy document.

Meany's statement urged Congress to move at once toward enactment of the Forand bill, saying, "The annual cost for some time to come is estimated at only half the amount the AMA has been using—\$1 billion instead of \$2 billion."

Yet the report made no mention of estimated surgical costs under the Forand bill—a cost Health Insurance Association of America has estimated at \$197 million a year at the outset.

Neither does the report's summary of estimated costs of the program include costs of administration—another important factor.

Some Facts Ignored: The labor leader neglected to mention that the report figured that hospital benefits of up to 60 days—as in the Forand measure—would cost some \$900 million in 1960, that the agency's estimates on nursing home costs ranged from a "very limited" projection of

\$14 million a year to an "outside limit" of \$885 million. Meany also ignored the fact that the agency's estimate compares with the \$1,883,000,000 level that the Health Insurance of America has placed as the initial annual cost of such a program.

Meany further stated, "Three-fifths of all people 65 and over had money incomes of less than \$1,000 a year in both 1956 and 1957, as the HEW report states."

This figure was obtained by including all men and women 65 and over, many of whom have no incomes at all because they are not in the labor force. For example, 79.2% of the females 65 and over have incomes of \$1,000 or less—simply because many of them are housewives. In fact, almost 50% of all people 14 and over have incomes less than \$1,000 or no income—simply because they are housewives or other dependents.

Health Insurance: The HEW report points out that "as recently as early 1952, only about 25% of the 12.7 million persons aged 65 and over had any form of health insurance. Today, about 40% of the 15.3 million persons in this age group have some type of health insurance. Whereas a decade ago, few insurance plans were open to older persons, many prepayment plans and insurance companies now provide such coverage and others are experimenting with special arrangements to cover the aged."

The report went on to say that if the same average yearly increase in the proportion covered is maintained, private hospital insurance will reach about 68% of the aged population in 1970.

"A compulsory program to provide insurance against the cost of hospital care for OASDI beneficiaries or other aged persons would in large part undercut voluntary efforts to meet this particular need," the HEW report said.

The AMA has contended—and still contends—the Forand bill would be the entering wedge for socialized medicine. It cites the bill as just another scheme in a long list of attempts by labor and social planners to achieve their long-sought goal of nationalized medicine.

Voluntary Enterprise: The AMA op-

poses national compulsory health insurance—whether across the board, or limited in scope—because the Association strongly believes voluntary enterprise and local and state governments can do the job.

This belief is based on the fact that time and again voluntary enterprise has demonstrated its ability to meet the needs and demands of the public.

40,000 Heartbeats To Be Recorded

The Public Health Service has launched a new study in which the heartbeats of 40,000 Chicago school children will be tape recorded.

Purpose of the study is to test the practicability of a mass screening method to find individuals who should seek medical attention for possible heart defects.

Some 250 individual recordings a day will be made. Each record will be heard by at least two cardiologists.

Society Endorses Reduced Fee Plan

The Arkansas Medical Society at its annual meeting endorsed the American Medical Association's recommendation that physicians accept reduced fees for people over 65 who have limited incomes. Endorsement was by the AMS House of Delegates.

Dr. James M. Kolb, Clarksville, is the new AMS president and Dr. J. J. Monfort, Batesville, was named president-elect.

Senate ...

(Continued from Page 1)

treatment, with a maximum of \$200 for normal delivery.

A \$15,000 lifetime maximum for major medical expenses could be reinstated.

50-50 Ratio Suggested: Chairman of the five-member Subcommittee is Sen. Richard Neuberger (D., Ore.), who indicated he favored some of the provisions of the Administration measure, particularly the deductibility features. He has suggested the ratio of employee-employer contributions be 50-50.

J. Douglas Coleman, Blue Cross president, asserted that any deductible features would be ineffective, confusing and unsound. Furthermore, he told the Subcommittee, major medical and basic insurance plans should be unified because they would be cheaper to administer. Coverage by different companies would be possible under the Johnston bill.

Dr. Donald Stubbs, representing Blue Shield, also urged that one insurer handle basic and catastrophic medical care. He, too, took the position that deductibility would be ineffective in controlling abuses.

Provisions Criticized: Speaking for the American Hospital Assn., Robin Buerke devoted much of his testimony to criticizing the deductible provisions of the Administration's proposal. An insurance plan, he said, should do away with all financial uncertainties about the cost of illness, not just lessen them as he contended the Administration recommendation would.

Another reason for advocating the principle of full payment, according to Buerke, chairman of AHA's Committee on Government Relations, is that "the portion of the hospital bills which are otherwise left to the employee are often impossible to collect."

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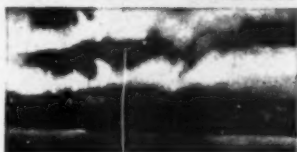
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THE AMA NEWS

The Newspaper of American Medicine

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Editorial Viewpoint

Hospital Week

Physicians have an opportunity and a responsibility to join the nation's hospitals in the observance of National Hospital Week, May 10-16. Purpose of the week is to develop greater understanding and appreciation of the services and contributions of hospitals.

The theme of hospital week is "More Roads to Recovery." An explanation of these "roads"—better care, improved techniques and skills, greater numbers of personnel—as they apply to the dramatic successes of medical science will help offset a growing myth that hospital costs are greater than the services rendered.

Such distorted stories not only jeopardize public regard for the hospital but for the entire medical team, including the practicing physician.

Millions are alive today only because of modern medicine. Good medical care and its component, good hospital care, have become true necessities for living.

Medical progress has created hospital progress, and in turn hospitals are furthering medical progress through education, research, and community service.

Some medical advances have emptied hospital beds. But for every advance in medicine that has reduced one need for hospitalization, there have been other advances which made hospital care essential for new groups of patients.

The mounting toll of traffic accidents, for example, has offset reductions in other types of accidental injuries. Today modern surgical, medical, and rehabilitative procedures bring recovery to victims who would have been doomed to death or permanent disability a short while ago.

As a result of better health care, the proportion of persons in the older age groups is steadily increasing. Their needs are creating new demands for short-term hospital care.

In this era of explosive growth, hospitals must depend more than ever before upon community support and community understanding if comprehensive services of high quality care are to be made available to all the people.

Each physician has a responsibility to win public support for the hospital in which he practices. And National Hospital Week is a good time to do it.

Contribution in Film

Every physician is aware of the many outstanding contributions being made to the health field by the American pharmaceutical industry. Best known perhaps are the industry's leadership in the development of health giving and life saving drugs, its vast program of research and development, and its support of education in medical and scientific fields.

But the drug industry also is making a great contribution to medicine via the media of motion picture films.

Recently, *MD International*, a documentary film depicting the work of American physicians in all areas of the world, received the most coveted award in the television and radio industry—the George Foster Peabody Award.

Last month, *Psychiatric Nursing*, a film designed to aid psychiatric nurses and aides in establishing a more effective therapeutic relationship with mental patients, was one of four pictures nominated for a documentary "Oscar" by the Academy of Motion Picture Arts and Sciences.

These two outstanding films, both produced by Smith Kline & French Laboratories, are only the most recent examples of great pictures made possible by the drug industry. Since World War II various companies within the industry have produced scores of films and among them have been other award winners—proof of the quality of the productions.

In addition, the industry has sponsored hundreds of TV programs, designed to tell the story of American medicine.

This is a public service for which both the physicians and the public should be grateful.

Supporting Team



As I See It

High Cost of Medicine

(EDITOR'S NOTE: The following column was written by George E. Sokolsky whose syndicated column appears in newspapers from coast to coast. It is reprinted here by special permission of King Features Syndicate, Inc.)

Every once in a while, someone writes on the high cost of medicine, the excessive utilization of hospitals, the unnecessary reference to specialists.

As I read such articles, I cannot help wondering whether those writers write for nothing, whether they never ask for higher pay, and whether they never believe that they are underpaid considering their alleged talents.

I can go by my experience. During the past two or three years an exceptional proportion of my income has gone to doctors and hospitals, but the alternative would undoubtedly have been no income and beyond any doubt, a tombstone which would have cost more than my hospital bill.

In fact, half a century ago, nobody survived who had my combination of illnesses, and as the cost of burials has gone up with inflation, I figure that the doctors who kept me alive and fighting, did it at a very fair price.

How much is a life worth? I don't know, but I like to be alive. I enjoy every moment of it and if I must pay to stay alive, no price is too high.

This tremendous progress in saving lives and in making it possible for human beings to live longer and to achieve more and to continue to work under the most difficult physical circumstances has been made possible by doctors, surgeons, chemists, biochemists and hospitals. What is their work worth in dollars? Who can say?

I know that when I discovered that I had a malignant growth, I would have offered all I possessed to have my life saved, not because I am important to mankind but because selfishly, I want to live as long as possible and to be able to support myself and my family as long as I live.

How much is that worth? Shall we go to a bargain counter? Shall we shop in a basement?

Hospitals are the place to go to for the best medical attention. The theory that folks go to hospitals for no good reason is, generally speaking, nonsense.

More lives have been saved by blood testing, by blood transfusions, by the technical work of needlestickers than the statistics show. And the best place to have such technical work done is in a hospital.

How much is it worth in dollars? How much are dollars worth? Had one of those men or women asked for a settlement then and there, I would have agreed to any price, for I love life; I love my family; I love the world.

Who can think about dollars at such a time?

But when we get well, many of us look at the bill, like cheapskates who having gorged themselves in a fancy restaurant, count up the items.

As it stands today, I prefer a hospital to a tombstone and am willing to pay the price it costs to keep such institutions going.

As Others See It

'Only The Rich Can Get Sick'

(EDITOR'S NOTE: The following was written by Dick West, of the editorial staff of The Dallas (Texas) Morning News.)

A disturbed lady writes in about doctors and hospitals:

"The medical profession is bringing socialized medicine upon itself. Only rich people can afford to be ill now.

"Doctors won't treat you at home. In a hospital they spend your money freely for nurses, unnecessary medicine, laboratory tests. I went on a medical binge—and at the conclusion my 'specialist' could find nothing wrong and referred me to Dr. Blank."

The lady is partly correct. It does cost more to get sick. Thirty years ago doctors and hospitals were cheaper. Doctors came to the home willingly and dispensed a kindly understanding.

They also dispensed rock and rye, sassafras tea, aspirin and calomel. Average life span was about 50.

Today life expectancy has been increased to 68. Of course doctors come higher, as do hospital rooms. An automobile that cost \$1,000 in 1938 now costs \$3,500.

In the last 20 years doctors' fees have gone up 84 per cent. But haircuts have gone up 205 per cent, movie admissions 120 per cent, baby shoes 171.

A plumber's wife had an emergency appendectomy and was rushed to the hospital. Her total medical bill came to \$148. The plumber figured that the hospital would have paid more than \$148 for three sets of plumbers on 8-hour schedules with the overtime figured on a 24-hour basis.

Biggest factor in the 20-year rise in hospital costs is labor. At most modern hospitals 2.2 workers are required for each patient. Latest figures show the average cost per patient per day in a hospital is \$28.81. Of that, \$22 is for hospital personnel.

Big reason people get mad over sick bills is that sickness comes unexpectedly and they are not ready to pay for it. They budget for food and rent. They save for a down payment on a car. They won't budget for illness. Is that any reason to socialize medicine any more than to socialize the automobile or baby shoe industries?

No Problem Here

A married man always knows exactly where his money goes. His wife spent it.—*Wall Street Journal*.

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Atlantic City Forecast

Annual Meeting To Blend Education and Family Fun

Physicians attending the 108th Annual Meeting of the American Medical Association, June 8-12, in Atlantic City will be able to combine their professional education with family fun.

They will be able to take part in an outstanding scientific program (See *The AMA News*, April 6), and enjoy with their wives and children the recreational facilities which have made the city famous as one of the world's foremost resort centers.

Family Affair: Making this year's Annual Meeting a "family affair" is especially attractive because Atlantic City offers easy access by car and many new motels.

A special treat for the children will be the "Pennylands" and "Funlands" which dot the famed Boardwalk. The Boardwalk, which overlooks the beach, is seven miles long and blocked off to auto traffic.

There, the children can play miniature baseball and basketball games, ride "jets," and hunt miniature moving bears and lions with toy rifles.

The amusement area also has merry-go-rounds, ferris wheels, helicopter rides, boat rides, and a breath-taking ride called "Shoot-The-Works."

The huge Steel Pier, which juts out into the Atlantic, is another happy place for youngsters. It has a "Haunted Castle," a submarine garden, a monkey jungle, mystery rides, and a diving bell.

Appealing to both children and adults are the Steel Pier's diving horses, which are urged on by girl riders to dive from a 40-foot high platform into a tank of water. The pier also features a water circus.

At nearby Mays Landing, both youngsters and adults can witness the Atlantic City Water Ski Show, which presents two shows daily at 2 p.m. and 8:30 p.m. Featured among the 18 acts are jumping boats, a barefoot water skier, and a "flying kite water skier."

The ocean naturally plays a dominant role in the city's recreational life, and a rich source of fun it is.

Sunken Ships: Fish are attracted by algae, sea grass and other vegetative marine life which gather on sunken ships, and Atlantic City's crusty coterie of 30 boat captains have a delightful assortment of shipwrecks to which they transport their boatloads of anglers at \$5 a head.

According to Boat Capt. Andy Marshall, some of these shipwrecks may date back as far as 1880, and include merchant ships sunk by German submariners during both World Wars.

The \$5 one pays to board these boats includes a hand line and bait.

The crafts, which range from 28 to 65 feet, leave daily from various docks between 7 a.m. and 9 a.m. They usually return about 4 p.m.

Boats may be chartered for parties of 4 to 6 people for \$65 to \$100 a day. On weekends, a party of 20 people may charter a boat for \$135 a day.

Outboard motorboats may be rented for \$7 to \$8 a day at nearby Brigantine and Longport.

Pier Fishing: For those who can't spend an entire day fishing, there's the Million Dollar Pier. It only costs 50 cents to fish off the pier, where bait and tackle are available.

According to Bill Upperman, a top fishing authority, June is an especially good month for anglers because that is when millions of fish migrate from the Bahamas up the Atlantic Coast.

"If you know the spots," he says, "you can catch fish by the bushel."



DAY-LONG FISHING TRIPS on these boats may be enjoyed by physicians attending AMA's Annual Meeting in Atlantic City, June 8-12. Cost is \$5 per person with bait and lines provided by the boat captain.



As part of the annual observance of National Hospital week (May 10-16), we of Continental Casualty Company would like to extend our sincere congratulations to the hard-working men and women who staff the nation's hospitals. Although it is impossible to give adequate recognition to their devotion to duty, this year's National Hospital Week slogan - "More Roads To Recovery" - pretty well highlights their work which has brought about the remarkable expansion of hospital services and facilities over the past few years.

MORE ROADS TO RECOVERY A SALUTE TO THE NATION'S HOSPITALS

In 1937, 9 1/4 million Americans were admitted to the hospitals, and last year, just two decades later, some 23 million of us were hospitalized. During the same period the average stay in a hospital was reduced from 9.1 days to 7.6 days. It is clear that the efficiency of the hospital staffs and the increasing effectiveness of medical treatment has indeed provided "More Roads to Recovery."

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Diabetes Tests

Blood tests for diabetes are being offered by U.S. Public Health Service to all persons over age 15 in the Virgin Islands. PHS estimates about 15,000 persons will be tested.



On the Legislative Front

Despite general agreement on the desirability of setting up a voluntary health insurance program for federal workers, time appears to be working against enactment of legislation this year.

The issue is being considered by a Senate Post Office and Civil Service Subcommittee headed by Sen. Richard Neuberger (D., Ore.). Though the national wire services and most newspapers are paying little attention to the sessions, the upshot could well prove a landmark in the field of voluntary health insurance.

Influential Pattern: More than 1.8 million civilian workers and some 2.7 million dependents would be affected. The federal program undoubtedly would set a pattern that would influence the health plans of millions of other Americans. For example, state and local governments might well be inclined to follow suit.

So far, there has been no government-wide plan similar to the health and medical insurance programs used in many industries where the employers chip in part of the cost.

The Administration has proposed its own program to Congress, where the major measure is one sponsored by Sen. Olin D. Johnston (D., S.C.). His bill differs considerably from the Administration's plan.

Due to budgetary considerations, the Administration doesn't want the plan to go into effect until 1960. In any case, the complexities of the issue and the long Congressional journey ahead of any bill bid to hold off final action until next year.

Voluntary Plans: Both the Administration and Johnston plans call for contracts with private insurance carriers and would be voluntary.

In the past, health insurance for federal workers has foundered over disputes on the share the government would put up, how many and what type of private insurance companies could participate, the relative emphasis to be given the basic coverage of the Blue Cross-Blue Shield type vs. major-medical types of coverage, and whether presently-retired civil service workers should be covered. These are the differences this year, too, with the Administration plan somewhat more restrictive.

Bills Move Slowly

The congressional session is about half over and the major bills of interest to physicians and dentists, like much other legislation, haven't advanced very far. Congressional leaders always vow to speed bills through early, but they seldom succeed. Prospects are that the closing days of this session, probably late in August, will be hectic. Some of the more important measures:

Keogh: The bill to encourage self-employed such as doctors and lawyers to put money aside in retirement plans—sponsored in the House by Rep. Eugene Keogh (D., N.Y.)—is tabbed for hearings by the Senate Finance Committee. It cleared the House more than a month ago.

Forand: The bill to provide medical and hospital care to the elderly through the Social Security system—authored by Rep. Aime Forand (D., R.I.)—is before the House Ways and Means Committee, but hearings haven't been called.

Research: Medical research funds

are slated to be boosted over Administration requests. Favorable Senate action is due soon on a new National Institute for International Medical Research, even though the Administration has reservations. Members of the House Appropriations Committee chided Arthur S. Flemming, Secretary of Health, Education and Welfare, for not asking for more money for research.

Washington Briefs

The Agriculture Department asked Congress for \$21.4 million for its meat inspection program next fiscal year, more than twice the entire budget of the Food and Drug Administration... HEW Secretary Flemming leads the President's Cabinet in at least one respect—news conferences. He meets the press almost every week. Scores of reporters usually attend. Some agency heads go for months without holding press conferences... Even if the Administration and Congress should decide to shift main responsibility for radiation protection from the Atomic Energy Commission to the Public Health Service, the AEC would continue to do the bulk of the research work in the field. PHS just isn't equipped to handle the multimillion dollar load now and would not be for some time to come.

Mental Disease Cure Reported

The National Institute of Mental Health reports it has discovered the cause and cure of a severe mental illness called phenylpyruvic oligophrenia.

The condition results in almost complete mental deterioration during the first years of life if allowed to persist. It is caused by inability of infants to metabolize phenylalanine, a chemical substance the body is normally able to handle.

The Institute said the disease results from a hereditary metabolic defect and that its presence in infants can be detected through a relatively simple urine test.

Treatment requires a synthetic diet that contains no phenylalanine until the age of 4 or 5. Though the disease is relatively rare, it was formerly considered hopeless.

Unethical MDs Object of Study

Areas where disciplinary measures against "poor practitioners" may be most needed were discussed at the first meeting of the new AMA Medical Disciplinary Committee at Salt Lake City.

Committee chairman is Dr. Raymond M. McKeown, Coos Bay, Ore.

The committee was created by the AMA Board of Trustees last December after it was pointed out that between three and five per cent of all physicians engage in unethical practices.

Among these practices, members of the new committee agreed, are:

- Overcharging of insurance companies and other organizations sponsoring health insurance plans.
- Income tax evasion.
- Incompetence and criminal negligence (malpractice).
- Addiction to alcohol or narcotics.

Work done by the Washington State Disciplinary Committee since its inception three years ago was reviewed by Dr. James H. Berge, Seattle, chairman of the Washington committee.

The Washington committee is appointed by the state and has powers of censure, suspension, and revocation of licenses of unethical physicians.

"Poor practitioners" were defined by the AMA committee as those physicians who are "a discredit to the medical profession."

Committee members, besides Drs. McKeown and Berge, are Drs. E. G. Shelley, North East, Pa.; Paul G. Henley, El Dorado, Ark.; and H. Thomas McGuire, New Castle, Del. C. Joseph Stetler, director of the AMA Law Division, is staff secretary.



TEXAS PHYSICIANS have chosen Dr. May Owen of Fort Worth president-elect of the Texas Medical Assn. When she assumes presidency in 1960, Dr. Owen will be the first woman to hold the office in the association's 106-year history. She was the first woman to be president of the Tarrant County Medical Society, is a past president of the Texas Society of Pathologists, and has been chairman of TMA's scientific council for nine years.

'Boss of the Year' Title Goes to MD

Dr. Tom Douglas Spies, Birmingham, Ala., was named 1959 International "Boss of the Year" by The National Secretaries Association (International).

A 1957 recipient of an AMA Distinguished Service Award, Dr. Spies is presently scientific director of the Nutrition Clinic, Hillman Hospital, Birmingham, and chairman of the Department of Nutrition and Metabolism, Northwestern University Medical School, Chicago.

Named "boss of the year" by the Kanawha (W.Va.) Medical Assistants Society was Dr. George L. Grubb, Charleston obstetrician and gynecologist.

MD Named to AMA Washington Office

Dr. Otis L. Anderson, Bethesda, Md., has been named one of the

AMA's medical liaison representatives in the Washington office.

He will take the post after his retirement July 1 as assistant surgeon general for personnel and training for U.S. Public Health Service.

Dr. Anderson has been with PHS in varying capacities for 30 years and has held his present post since October, 1957.



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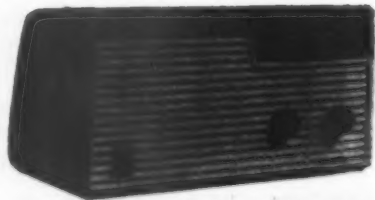
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Scanning the News

Cancer Suit: Rodney H. Moore, 38, Goodyear, Ariz., has filed a \$350,000 suit against R. J. Reynolds Tobacco Co., alleging he developed lung cancer from cigaret smoking.

Envelopes: Physicians are advised not to stock up on large quantities of odd-sized envelopes. Letter mail smaller than 3 x 5 inches will not be accepted after July 1, 1961, because of automatic mail-handling equipment being installed in post offices. Odd-shaped envelopes may be prohibited and premium postage rates charged on over-size mail.

Medical Facilities: Dr. Ernest Gruening, Alaska's senator, says medical facilities are lacking in the new state. U.S. Health Service hospitals can treat only Indians, Eskimos, or Aleuts—no whites are admitted.

MD Airlift: Portuguese Health Ministry is planning "flying doctor" service equipped with helicopters to speed medical relief to accident victims in rural areas. Most of Portugal's 9 million citizens live in small towns, while country's doctors tend to concentrate in larger population centers.

Health Center: Philadelphia has an odd new health center. It is for healthy persons! Purpose is to show senility is not an inevitable result of growing old. Center is for healthy persons 60 and over.

Dental Advance: Portable dental equipment which may enable dentists to give home or bedside treatment to persons too disabled to visit dentist's office is being tested by Public Health Service. Of the some 5.5 million in U.S. too disabled to visit dentist, many need dental care.

Fresh Fish: Use of an antibiotic (chlorotetracycline) to aid in keeping fresh-caught fish in sound condition has been authorized for the first time by Food and Drug Administration. FDA order sets five parts per million as maximum amount of antibiotic that may remain on fresh-caught unprocessed seafood.

Birth Injuries: U.S. Public Health Service will study 40,000 pregnant women during next five years in attempt to find cause of cerebral palsy, mental retardation, and other birth injuries. Study is expected to cost \$20 million.

Birth Defects: High radioactivity of rocky terrain in an area may be reflected in a high rate of malformation of babies born there. Study by Dr. John T. Gentry of New York State Health Department showed in 186 of 942 towns the rate of malformed infants is more than 20 for every 1,000 births. State-wide average is 13.2 malformations for each 1,000 live births. In same towns radiation level indicates uranium content in the rock and soil between 3/1,000 and 4/1,000 of one per cent. Radiation level of 2/1,000 of one per cent is considered normal.



CAMERAS MOVED INTO HOSPITAL when Herschel Bernardi (L. Jacoby) of the Peter Gunn TV series was seriously injured in an auto accident. At least three episodes are being shot at North Hollywood (Calif.) Hospital. Left to right during the filming are Bernardi and Craig Stevens (Peter Gunn), star of the show.

Radium Poison Victims Traced

A radiological physicist with the New Jersey Health Department and a staff of 12 have successfully traced 550 out of a possible 1,000 persons who were exposed to radiation in watch painting factories 40 years ago.

The physicist, Lester Barrer, 36, has been working since 1957 under a grant from the Atomic Energy Commission, to find dial painters, physicists, chemists and office workers who may have ingested mesothorium with their lunchtime sandwiches, breathed it in the air, or touched it to their lips as they pointed their paint brushes.

The trail has led as far away as Italy and Argentina. The internal radiation took its toll over the years. The 43rd person whose death is known to have been a direct result of ingesting radium paint died last year.

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Relative Value Studies Termed Vital

America's physicians must undertake relative value studies or others who are less qualified may do it, warns the Committee on Medical Practices of the American Medical Association.

The committee, by direction of AMA's House of Delegates, is beginning a campaign to instruct physicians about the need for and the use of relative value studies. A series of regional meetings has begun and five publications have been prepared to explain how a study is made.

"Unless a study or studies of this type are made in the very near future and adopted by the medical profession, medicine runs the risk of alienating public opinion and losing its bargaining position with other agencies, private and governmental, which are engaged in financing the cost of medical care to the American public," the committee states.

Regional Conference

Representatives from 10 western states attended the first regional conference at San Francisco. A second conference will be held in mid-July for six New England states.

What are relative values? The committee's answer is:

They are an attempt to provide a comparison and a ranking of the experience, knowledge and time required for various medical services. They are not an attempt to set a fee schedule for physicians.

Proponents of relative values claim they give the doctor a scale of values by which he can properly judge his services, and that they help patients understand the basis of physicians' charges.

Opponents charge it is or will become a means of establishing fees for physicians.

The first relative value system was worked out and adopted by the California Medical Assn. in 1954. Kansas, Iowa, Arkansas, and Michigan since have adopted relative values. Utah has adopted a form of the system. Several other states are conducting surveys.

There are three parts to a relative value study:

AMA Committee

Dr. Lester D. Bibler of Indianapolis, Ind., is chairman of AMA's Committee on Medical Practices of the Council of Medical Service. The committee has prepared informational material on relative values and is conducting a series of regional meetings on them.

Other committee members are Drs. James P. Hammond, Bennington, Vt.; Elmer G. Shelley, North East, Pa.; J. S. De Tar, Milan, Mich.; and James M. Kolb, Clarksville, Ark.

• First, is the nomenclature, or listing and description of professional procedures and services.

• Second, is the assignment of the relative values in terms of units.

• Third, is the application of a co-efficient, or dollar value, to the relative values to transform them into a schedule of fees.

AMA's committee points out there is nothing "fixed" or permanent about any of the assigned relative values. California found that the values must be reviewed and revised periodically. The same is true of the co-efficient applied to the relative values.

Co-Efficient Applied

The co-efficient is applied by each physician to determine his own fees. The exception is where the scale is used by agreement under an insurance contract.

As part of the first step, physicians are asked to check a list of medical services, indicating their customary fee for each service. The California survey had 1,900 separate items.

The AMA committee suggests that returns be analyzed by county, by specialty affiliation, and by the completeness of information.

Physicians attending the San Francisco meeting were told that relative values have proved useful in California in negotiating public assistance agreements, in preventing the forma-

tion of closed panels, in negotiating with the government on Medicare, and in discussions with unions of health care plans.

In addition, relative values help insurance companies; are considered a good public relations project since the public finds it easier to understand the basis for fees; and allow a physician to apply some scientific reasoning to fees for his medical services.

Union officials were reported as seeing fairness in the relative value approach.

Relative values also have been used by some county society fee committees in adjudicating grievances over fees.

Perhaps the most successful use of relative values has been in San Joaquin County, Calif., where 98% of the county society's members voluntarily have joined the San Joaquin Medical Foundation.

The Foundation uses the California relative value study to offer a medical program to insurance companies. Coverage includes hospital, surgical, in-hospital medical, home and office calls.

Income Considered

Physicians' fees and insurance premiums under the Foundation's program are based on the average employee income within a group. The family income is considered. Each group is re-examined each year to determine the average income. If employees' incomes go up, the co-efficient applied to the relative values may be increased.

San Joaquin's plan was designed to provide insurance companies, unions and management with certainty of coverage, explained Dr. Donald C. Harrington, Stockton, Foundation president.

"We act only as a 'catalyst,'" Dr. Harrington recently told *California GP*. "We set up the circumstances through which the insurance company can act. We don't take any insurance risks. We say what our standards are and the insurance companies have to meet them if they want to receive Foundation sponsorship."

"By offering certainty of coverage we are a deterrent to union-management health centers. The fact that a number of insurance companies offer foundation approved policies is a tremendous advantage. Competition is a good thing."

Labor leaders have changed their attitudes toward closed panels as a result of the Foundation.

Dr. Harrington said:

"One said to us just last week that freedom of choice of physician under a Foundation sponsored program was well worth the \$1.60 per family per month more than coverage under a closed panel. . . . At labor meetings they are starting to debate the value of labor health centers and some labor leaders are already arguing the Foundation idea is a better answer."

Quality Competition

A foundation will act as a deterrent in a community where there is no labor union-management health center, Dr. Harrington believes. A foundation cannot compete pricewise with an established health center but can more than compete qualitywise, he added.

"By having our doctors' offices spread throughout the area we have a definite 'convenience' advantage," Dr. Harrington said. "Up to this point the Foundation seems the best possible competitive approach to union and government health plans. To try to compete solely on the basis of premium would be sheer folly and do an injustice to the patients."

Success of the San Joaquin Medical Foundation has prompted other California counties to consider formation of such organizations. A committee of the 7,000-member Los Angeles County Medical Assn. is studying such a plan.

The proposed Los Angeles plan also would employ the relative values of the California Medical Assn. "Obviously the problems involved in setting up a program in Los Angeles are far greater than in a smaller county," said Dr. Wilfred J. Snodgrass, chairman of the LACMA Medical Services Committee.

Aging Conferences To Begin This Week

The first of a series of regional conferences on health aspects of aging will be held May 8-9 at Hotel Utah Motor Lodge, Salt Lake City.

The conference, sponsored by the Committee on Aging of the American Medical Association in cooperation with state medical societies, will deal with major health problems of aging, including those of retirement, medical services, financing, individual and group responsibilities.

Eight States: Representatives of medicine, women, churches, labor, industry, government, and other groups in Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming have been invited.

The conferences are being held in response to demands for them made last September at the AMA's planning conference on medical society action in the field of aging, noted Dr. Fred-

erick C. Swartz, chairman of the Committee on Aging.

Speakers at the Salt Lake City regional conference will include Gov. George D. Clyde of Utah; Dr. Leonard W. Larson, chairman of the AMA Board of Trustees; Fritz Marquardt, editor of the *Arizona Republic*, Phoenix; Dr. Edward L. Bortz, Philadelphia, past president of AMA, and Kenneth E. Oberholtzer, superintendent of Denver, Colo., public schools.

Members of the panel which will discuss compulsory retirement are George W. Haycock, sub-district director, United Steelworkers of America, Salt Lake City; A. J. White, vice president, Panther Chemical Co., Fort Worth, Texas; Joseph Hinneman, Arizona State Employment Service, Phoenix; John C. Clay, secretary, Wyoming Farm Bureau Federation, Laramie; Dr. James A. Shown, chairman, Committee on Aging of the Montana Medical Assn., Great Falls. Dr. Le Grand

Byington, chairman of the geriatric subcommittee of the Denver Medical Society, will be moderator.

Symposium Featured: The conference also will feature a symposium on financing health care with participants from Nevada State Welfare Department, Church of Jesus Christ of Latter-Day Saints, and Health Insurance Association of America.

A panel that will discuss group responsibility in the field of aging will have as members Milton Cummings, U.S. Office of Education, Washington, D.C.; Mrs. Aaron Margulis, chairman, Committee on Mental Health of Woman's Auxiliary to AMA, Santa Fe, N.M.; Msgr. John O'Grady, secretary, National Conference of Catholic Charities, Washington, D.C., and Dr. Herbert T. Wagner, executive director, Medical Society of State of New York. Dr. Fred Wallber, chairman, Committee on Aging, Idaho State Medical Assn., will act as moderator.

Fallout Dangers Are Described

Radiation sickness will be the most pressing medical problem following a major nuclear attack.

Dr. Irving D. Laudeutscher, Denver, Colo., told a regional civil defense meeting at Colorado Springs the radiation sickness problem would develop as a result of residue from fallout.

He said the sickness would overload hospitals and overtax surviving physicians and might force a decision on whether to treat nothing but the sickness.

Dr. Paul A. Lindquist, Battle Creek, Mich., told the meeting that health preservation in a post-attack period demands that major emphasis be placed upon family preparedness.

The meeting, sponsored by the Committee on Disaster Medical Care of the AMA's Council on National Defense, was attended by medical society representatives from eight states and by medical officials of the Office of Civil and Defense Mobilization.

Rules Are Vital In Busy Practice

(Editor's Note: This is the third of a series of 13 articles on practice management. Articles in this series are submitted by individual members of the Society of Professional Business Consultants and represent their individual approaches to the subjects.)

Good management of a physician's practice can stem only from a determination to establish rules for himself, his office, and his patients.

Without rules or a planned program, an MD is likely to give his time in accordance with the greatest pressure exerted upon him.

Seven Rules: Each physician's principles by which he wishes to live and practice medicine may differ, but here are seven suggestions:

- See patients in an orderly fashion, giving adequate attention to each.
- Adequate time at each appointment to practice good medicine.
- Reserve the right to determine what is an emergency.
- Adequate office space which will allow room enough to go from one patient to another without wasting time, or rushing. A place to talk over the telephone confidentially.
- Employees who are friendly, sympathetic, honest, careful in detail, and who will relieve the physician of many of the burdens of memory.
- Adequate fees to permit the MD to give the necessary time to each patient.
- Adequate net income on which to live, educate family, and save for retirement.

Physicians who set down the general principles of what they want out of practice and living, and who measure each decision against those principles, will find the practice of medicine much easier.

A doctor's efficiency is materially curtailed when he has a feeling of pressure, of inadequacy, of frustration, or of guilt that he is not doing his best by his patients or his family.

Managing time is something too few physicians have planned. Many MDs have been caught in a fixed habit of going to the hospital and spending the same amount of time there each day, whether they have two patients or 20 in that hospital.

They do not plan time to be in their office when they are uninterrupted so necessary paper work can be accomplished.

If a physician is swamped with house calls at a time when he is most busy at the office, perhaps the house calls are a result of lack of planning.

House Calls: A housewife may find it easier on the budget to pay just \$2 more for a house call than she would for an office visit when her baby sitter fee would be more than \$2.

Managing a physician's activities should not only include a regular course of study in the profession through attendance at meetings, but also should include time for a specified course of professional reading. And a doctor should have time for outside activities—such as church, lodge or civic. Such activities keep the physician abreast of community affairs, broaden his scope so he is, in effect, a better doctor.

Film Catalog

A new *Catalog of Selected Films on Pediatrics and Child Health* is available from the AMA Department of Medical Motion Pictures and Television, 535 N. Dearborn, Chicago 10. The catalog is the result of a review by the Committee on Medical Education of the American Academy of Pediatrics and the AMA department.

Questions & Answers

How Partners Handle Premiums

Q—Three doctors form a partnership and have partnership life insurance policies. These policies are to assist in settling the partnership liquidation to the widow or estate in case of the death of one of the partners. The partners vary in age, for example 42, 46 and 51 years.

Would the premiums be split equally; each pay his own; or would the youngest doctor pay the oldest doctor's premium and the oldest doctor pay the youngest doctor's premium, and so on?

L.J.G., MD
Illinois

A—It is most customary in these cases for the insurance cost to be charged to the doctors equally. Example: Three doctors' policies cost \$600, \$500 and \$400 for a total of \$1,500. Each doctor would pay 1/3 or \$500 of the cost.

A word of caution: partnership life insurance can be costly if some of the doctors are at advanced ages. For this reason, a thorough investigation should be made to determine whether such insurance is a necessity or whether arrangements, such as self-liquidation of accounts and installment purchase of the deceased's capital can be utilized in preference to high premium life insurance.

The idea behind equal division of the insurance cost, once the need has been established, is that the partners benefit from the insurance in the "other" doctor's life, not their own. There is no relationship between the cost of the policy in an individual and

EDITOR'S NOTE: Questions for this column should be submitted in writing to *The AMA News*, 535 N. Dearborn, Chicago 10, Ill. Questions should pertain to practice management—fees, office layout and design, building a practice, personnel, public relations, and so on. Questions involving law or the scientific practice of medicine cannot be answered. Because of the nature of some of the questions, only generalized answers can be given.

The editors suggest that physicians seek the advice of a lawyer, accountant, or business management consultant as to the legal, accounting or other problems involved.

Answers to the questions are provided by members of the Society of Professional Business Consultants and by various AMA Divisions.

the degree of benefit he may receive. Conversely, the older doctor is probably financially independent and has less need for the partnership insurance than the younger doctors whose policies cost less.

It should be pointed out that such insurance costs are personal and not tax-deductible. Your attorney should be contacted to avoid estate-tax complications in such an insurance arrangement.

Q—I would like to obtain one or more plans for a very small, inexpensive clinic building for one physician.

N.G.N., MD
Louisiana

Q—I have the opportunity of getting office space in a proposed new building. Cost of space will be appreciably higher than what I now

pay and I want to utilize the space as efficiently as possible.

I would like information as to the most efficient examining room size, plus any other ideas on patient flow, record storing, office arrangement and ideas to take advantage of the space.

F.C.L., MD
Oregon

A—Answers to the above questions can be found in the 82-page booklet, *A Planning Guide for Establishing Medical Practice Units*, edited by the AMA and published through a grant made by The Sears-Roebuck Foundation. Copies of the booklet are being mailed to the above physicians. Copies of the guide are available to all physicians upon requests placed through their city, county, or state medical societies, or by writing to Council on Medical Services, AMA, 535 N. Dearborn, Chicago 10, Ill.

PR for MDs

Ivory tower days are over for the medical profession.

Nowadays, the health of the community is as much a concern of the physician as his individual patient's health. But you can't spot community health problems or do something about them if you aren't in touch with community groups.

That's why today's physician realizes that he owes it to his town and his profession to participate in civic affairs.

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Scientific Briefs

Smog: Why do persons suffering from lung diseases, such as asthma and emphysema, have so much more difficulty breathing on smoggy days? Dr. Hurley L. Motley, University of Southern California School of Medicine, reports that smog further reduces the size of the openings of the thousands of tiny tubes leading to the air sacs in the lungs of these afflicted people. Smog does this, he said, by contracting or swelling the tubes or stimulating secretions.

Chromosomes: British scientists have achieved what they call a major breakthrough into the fundamental cause of human defects such as mongolism, abnormalities of the sexual organs, and possibly leukemia. They found that instead of the normal cellular complement of 46 chromosomes, six persons with mongolism had 47 chromosomes, and some victims of leukemia and sex abnormalities had 45 or 48. These findings were made possible by new research technique in which chromosomes inside blood and bone marrow cells were fixed, stained at critical stages in their evolution, magnified about 2,000 times, and photographed.

Diabetes: A new test for identifying potential diabetics has been reported by Drs. Stefan S. Fajans and Jerome W. Conn, both of the University of Michigan Medical School. The test uses cortisone for heightening sensitivity to the standard glucose tolerance test. The doctors explained that persons predisposed to diabetes cannot compensate for cortisone's ability to increase the formation of glucose in the liver and decrease its utilization in the rest of the body.

Antibodies: A different approach to the explanation of degenerative vascular disease has been suggested by an Ohio State University pathologist. Dr. James M. B. Bloodworth, Jr., believes that a person forms antibodies to his own proteins after partial tissue degeneration and that these antibodies might result in damage to blood vessel walls. He has found in laboratory tests with rabbits that repeated and extensive tissue breakdown leads to the formation of partially decomposed proteins, which may stimulate the production of antibodies.

Noted Speaker Is Available

An authority on world medical practices will be available for talks before county and state medical societies this fall.

He is Dr. S. C. Sen of New Delhi, India, who will tour the United States for six to 10 weeks after attending the General Assembly of the World Medical Association at Montreal September 7-12.

Dr. Sen has just returned to India after a three-week visit to Red China, where he studied Chinese medical practices at the invitation of the Chinese Medical Association.

He has also viewed medical practices in the Philippines, South Vietnam, New Zealand, and Cambodia. He plans to leave in June on a tour of Europe, Iran, Turkey, and Israel and will be in Chicago in late August for a medical education conference.

Societies interested in hearing Dr. Sen should make direct arrangements with him by writing this month to his home. The address is Dr. S. C. Sen, 48 Hanuman Road, New Delhi, India.



SERIOUS HAND-HOLDING between Dr. Chester L. Norman and Carl Coniglio is part of a 15-year tuberculosis testing program at Lincoln, Neb. Some 3,000 fifth graders each year are given skin tests. Their teachers also are tested. The children are checked again when they reach the 10th grade. The study, by the Lancaster County Medical Society and the county tuberculosis groups began in 1952. Its final report will come in 1967, but figures already show the infection incidence dropped from 5% the first year to 1½% in 1958.

Pointers for Executives

Here's how physicians can help preserve one of America's greatest assets—the American business executive:

- Insist that he maintain a proper weight.
- Keep close watch on his blood pressure.
- Discourage him from doing anything in excess.
- Encourage him to learn how to relax.
- Emphasize the importance of self-recognition of the internal and external causes of stress.
- Recommend an adequate program of physical exercise.
- Recognize symptoms of mental fatigue and insist on an "easing up."
- Encourage him to develop an avocation.
- Insist that he have periodic physical examinations.

These pointers were offered by eight medical authorities at a symposium opening the 40th annual meeting of the American College of Physicians at Chicago.

Convention activities included the installation of Dr. Howard P. Lewis, Portland, Ore., as president and the naming of Dr. Chester C. Scott, Boston, Mass., as president-elect.

Nuclear Meeting Set

The Society of Nuclear Medicine will hold its sixth annual meeting, June 18-20, in Chicago. Those wishing to participate in the scientific program should submit titles and abstracts, of no more than 250 words, to Dr. Donald W. Pettit, University of Southern California School of Medicine, 1200 N. State St., Los Angeles 33, Calif.



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To Save Time MDs Turn to Dictating Machines

A desk-covering array of electronic dictating equipment is aiding physicians in their continuing efforts to save time.

For the man-on-the-move, the industry offers machines ranging from light, portable recorders to standard desk models.

Increasing use of dictating equipment by the medical profession to perform many jobs is indicated in sales figures from a leading equipment manufacturer.

Sales To MDs Rise: This firm reported 7.5% of its total business in 1955 was directly attributable to physicians and hospitals. In 1956, the percentage rose to 9.3 and last year sales to the medical profession jumped to 11.3% of total sales.

Examples of ways in which dictating equipment is being utilized by physicians and hospitals:

Many surgeons dictate a plan of surgery from x-ray findings, then describe their technique during the operation for later review and for case history records.

Doctors record their observations immediately after examining patients—whether the examination takes place in the office, the home, or the hospital.

Hospital medical record departments establish central recording stations in which several dictating machines are connected to telephones throughout the hospital. Physical carrying of dictation belts or notes to the medical records department is eliminated.

Some Blue Cross organizations have equipped field representatives with portable machines to speed collection of information sometimes needed for paying claims. Associated Hospital Service of New York says it cut the cost of obtaining such information by 30% with portable dictating equipment.

Machines Cut Time: Basically, the medical profession finds dictating machines useful in cutting time consumed in keeping records and for recording information when it is not practical to have a second person taking notes—for example, in x-ray and pathology.

'Swift Dispatch of Paper Work'

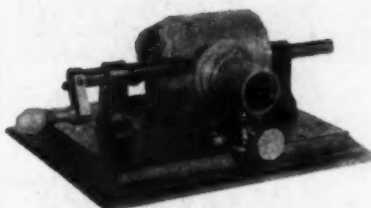
"Mary had a little lamb . . ."

Thirty-year-old Thomas A. Edison recited the nursery rhyme into an odd device consisting of a grooved metal cylinder, a crank and two small diaphragms with a stylus attached to each.

Then, a few deft manipulations and Edison heard his voice coming from the small instrument. "Mary had a little lamb . . ."

The world had its first phonograph—and that phonograph became the great granddaddy of all of today's office dictation machines.

The year was 1877. Even then, Edison foresaw the tremendous opportunities his invention held for the business world. Asked how it



GREAT GRANDDADDY of all office dictating equipment is this phonograph invented by Thomas Edison in 1877. President Rutherford B. Hayes once set up all night recording and listening to the machine with Edison.

would benefit mankind, he replied its primary use would be "the swift dispatch of office paper work."

chines useful in cutting time consumed in keeping records and for recording information when it is not practical to have a second person taking notes—for example, in x-ray and pathology.

In the latter field, start-stop switches for recorders have been mounted on microscope arms to allow the pathologist to control both focusing of the microscope and operation of the recorder with one hand. The other hand is free to change slides.

A variation on this idea utilizes a foot-operated control for the dictating machine and a special clip-on microphone. Both hands are then free for changing slides and focusing the microscope.

Many hospitals with internal dial telephone systems (PBX switchboards) have connected any number of dictating machines to the switchboard. Every phone in the hospital is thus connected with the recording equipment. Location of the dictating machines by the switchboard insures 24-hour service for changing belts or discs.

In other instances, one master recorder has been connected to as many as six microphones in widely-scattered offices. This system is particularly useful in small medical centers and it is economical, since only one recorder is used.

Portable Units: Many portable units are compatible with standard office machines, thus allowing continued use of the recorder while completed

recordings are being transcribed. There are portables which double as transcribers.

Portable machine prices range from \$260 to \$320, while standard dictating units average about \$385. Standard transcribers sell for around \$360.

Some doctors prefer to lease dictating equipment under an "option-to-buy" arrangement. Monthly rental charges are applied on the purchase price at the end of the lease period (usually 36 months) if the doctor decides to buy.

Problem of Aged Is Multiphased

"Our purpose is not just to defeat an unsound bill in Congress; our major objective is to provide leadership and imagination for a multiphased approach to the problems of aging, including health care."

With these words, Dr. Louis M. Orr, president-elect of the American Medical Association, described AMA's role in meeting the "most urgent issue" confronting the medical professional in the socio-economic field.

Speaking at the annual meeting of the American Society of Internal Medicine in Chicago, Dr. Orr said:

"The health problems of our senior citizens are intertwined with a wide variety of factors—medical, social, occupational, financial, cultural, and emotional. They cannot be solved constructively by the sling-shot method of passing ballot-box amendments to the Social Security Act."

He outlined AMA's efforts to help the over-65 group with modest resources or low family income.

On other socio-economic matters, the AMA president-elect made these points:

- Relative value studies by states are important because they will help insurance and prepayment plans set up realistic benefit schedules.

- Organized medicine must take an active part in guiding and directing the policies of all types of medical care plans, including the so-called third party plans, or "accept the consequences."



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Rising Costs

During the 1930's it cost business and professional men 50c to write a business letter. Today the cost is about \$1.70. With rising costs—plus increased volume of office paper work—many MDs are finding modern dictation equipment essential to easing the communications bottleneck while reducing costs.

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Dilemma of Doctors

Here's What They Say About Social Security

"The professional people in this country are in many respects the forgotten people of our federal tax laws."

That statement by Congressman Frank Ikard, Wichita Falls, Texas, a member of the Ways and Means Committee, was published in an article in *The AMA News* (Feb. 9.).

The quote prompted a letter from Dr. F. D. Benedict, Philadelphia, (*The News*, March 23).

Dr. Benedict wrote, "Would it not be fair to say that this so-called 'dilemma of doctors' is entirely due to the AMA. We should have social security now, and nearly all doctors I meet want it, as is being proven by nearly all the recent polls."

The Philadelphia physician went on to say, "I have heard no doctor express an interest in the Keogh bill, which, I believe is what our delegates favor. May I ask in what way it would benefit the older group of doctors still in practice?"

Dr. Benedict's provocative letter brought this response from physicians:

Wm. F. Quinn, MD, Los Angeles:

Dr. Benedict at least had guts enough to let us infer that he was motivated by self-interest when he expressed a desire for social security for doctors.

The polls are very different if the age of the person is taken into consideration. As the one who foresees 30 or 40 years of payments is less enthusiastic than the one over 50 who sees it as a gravy train and while he admits that it isn't right, he is willing to accept it.

Howard L. Smith, MD, Marlin, Tex.: As: I do not know where Dr. Benedict got his information, but here is one physician who has not been contacted by the "recent polls." I would be classified in the younger group of doctors, and definitely do not favor social security, and most of the doctors I know are against it.

I think we doctors should take the lead in providing for ourselves in our old age through our own initiative rather than depending on a federal give-away program to take care of us.

Social security should be kept within the bounds originally intended, that is to say, providing assistance for needy oldsters and not a general retirement plan at the expense of the taxpayers.

I would like to express an interest in the Keogh bill which I believe will help us to help ourselves. Dr. Benedict's reaction to it seems to typify much of the so-called liberal thinking these days which assumes that if it doesn't benefit me, it is no good.

W. A. Scharffenberg Jr., MD, Los Angeles: It is quite interesting to me to note the desires of some physicians to equate the "dilemma of doctors", the federal tax laws, and social security with the AMA.

It is very disturbing to me to note the tenor of voice of some professional men who have in the past been the rugged individualists that have helped to make our country what it is today. As a result of their individual self-sacrifice and hard work the destinies of each of these men has resulted in today's America.

Now before our very own eyes we see some of this very same class of professional persons begging for the



"bird in the hand" and willing to project this cost onto the backs of those who will not and who do not want to receive this "handout."

I am in favor of the Keogh bill type of legislation since it allows for individual planning. . . . I am strongly opposed to "compulsory" social security because I do not believe in incurring a debt that others will have to pay.

Scott Smart, MD, Anaheim, Calif.:

Dr. Benedict asks in what way the older group of doctors still in practice would be benefitted by the Keogh bill. I will not attempt to define the extent of the "older group" as I am only 35. However, I am certain that any "older doctor still in practice" will never be eligible for social security due to income limitations inherent in the Social Security Act.

Further, the possible benefits under the Social Security Act are indeed minimal compared to the actual benefits which would accrue under the provisions of the Keogh bill.

That any man or woman that has made the lengthy struggle for independence of thought and action that must be maintained in medical practice and then allow the federal government to encircle them in social security in preference to the provisions of the Keogh Act is inconceivable.

Every doctor should inquire from his insurance agent or estate planner the possible benefits of social security vs. the Keogh bill, and particularly under what conditions he would be eligible to draw social security.

S. Holtzman, MD, Joplin, Mo.: In your letter column there appeared a letter from Dr. Milman Pease in which he condemned the AMA for its opposition to social security for physicians. If the AMA doesn't have any more sound and cogent reasons for its stand than those you have enumerated, then it really has not a leg to stand on.

In the first place, your assertion that the House of Delegates is a democratic and representative body, like the Congress of the U.S., will not

stand careful scrutiny. The only truly democratic body is the small local county medical society but beyond that the democratic process becomes fouled up.

The next and most crucial point is that you have, very likely deliberately, failed to delineate the powers vested in the House of Delegates by the mandate of its members.

The AMA is not a sovereign state but rather a voluntary association whose scope and function is strictly limited to medical matters.

As citizens of a free society we reserve to ourselves the inalienable right to manage our private affairs as we see fit. Social security definitely falls within this province and no person in his right mind would claim that it belongs in the realm of medicine.

All this boils down to the simple fact that the House of Delegates has no authority to pass resolutions for or against social security for physicians, and it also applies to the Keogh bill.

Timothy F. Brewer, MD, Los Angeles:

As a young physician, presently a medical resident, I oppose the view taken by Dr. Benedict. I have also met other physicians who also share my feelings, though I must confess that the majority of them are in the younger age groups.

I am very interested in the Keogh bill which allows us to plan for our own future, and hope the AMA continues its support of that measure.

With regard to this, it is interesting that the dentists, who already are covered by social security, also are backing the Keogh bill.

It is a sad commentary on our country when a supposedly intelligent group such as physicians consider themselves either incapable of or not farsighted enough to plan for their own future without compulsion.

George J. Hess, MD, Bunker Hill, Ill.:

I have just read Dr. F. D. Benedict's letter in which he expresses his desire for social security coverage and assures us that "nearly all doctors I meet want it."

Perhaps he would be interested in these excerpts from my recent letter to Sen. Thomas J. Dodd:

"I have read your remarks made in the Senate as you presented your bill

AMA Position

The AMA has never expressed itself either as in favor of or as opposed to social security per se.

However, the AMA's House of Delegates has opposed the compulsory inclusion of physicians in the social security program. As a federation of medical societies, the AMA has no power to conduct polls as a basis for its policy. Policy is made by the representative delegates.

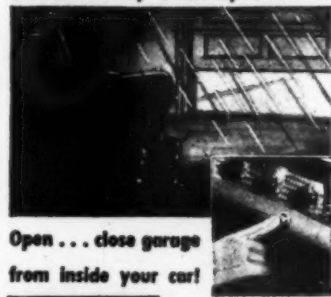
Many state societies are polling their memberships on the subject of the inclusion of physicians under social security, and the AMA has encouraged such action. The results of these polls will affect AMA policy when expressed by representatives in the House of Delegates.

(S.1025) which provides for coverage of physicians under Title II of the Social Security Act.

"Several of your statements indicate you are badly misinformed. One in particular deserves correction. You state that, 'The Nation long ago decided in favor of social security.' Do you really think so? Actually, of course, 'social security' as we now know it, has been given to us bit by bit in gradually increasing doses in such a way that there never was a clear cut time or place for 'the Nation' to decide one way or the other. . . .

"Men and women have suffered and died that I might exercise, without human coercion, my God given right of self-determination, with its attendant personal responsibility. When the day finally comes that I am forced to send my first check in tribute to those who deny that right, my pain will be great indeed as I see my earnings used to perpetuate the economic force which is hood-winking my fellow citizens under the label 'social security'."

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Expert Witness Problem Viewed

(Editor's Note: This is the second article in a six-part series on topics discussed recently at Regional Medicolegal Conferences in Washington, D.C., Cleveland, and Salt Lake City. The meetings were co-sponsored by the AMA Law Division and the respective medical societies.)

One of the stormiest areas in the medicolegal field today is the feasibility of plans for insuring impartial medical testimony.

Three Plans: Baltimore attorney G. C. A. Anderson believes efforts to set up such plans in New York, Minnesota, and Maryland have been made for two basic reasons:

- The tremendous volume of personal injury cases which have flooded the courts.

- The increase in the paid partisan medical witness which has given rise to a distrust in the "expert witness."

When there are two diametrically opposed views on a case from medical witnesses, Anderson explained, there must be an impartial medical witness to whom the courts can turn.

Anderson said the most successful plan was the New York one which calls for a panel of qualified experts in various medical specialties.

When a medical dispute emerges, the court has the right, or if requested by either of the parties, to appoint an expert in a particular case.

Anderson added that it is vital to such a plan to get the very best medical experts.

"You've got to try to get the kind of doctors whom you cannot possibly get into the court," he emphasized.

Taking the opposite view on impartial medical testimony was Elwood S. Levy, a Philadelphia attorney, who declared that it was not the panacea to the massive problem of congestion in the courts. He observed:

"Many attorneys and indeed judges . . . are sharply opposed to it and are sincere in their conclusion that it imports into our present trial system elements of such danger to trial by jury as to outweigh any of its claimed advantages."

Reasons Listed: Other reasons for Levy's opposition to an impartial medical testimony plan were:

- It presupposes that medicine is an exact science, whereas physicians of unquestioned integrity and competency have reached differing conclusions on the same facts.

- The existence in significant fields of medicine of so-called "schools of thought," involving steadily held conceptions or preconceptions.

- The court in effect cloaks the impartial medical witness with a robe of infallibility. He is elevated to a semi-judicial status which, by its very designation, imports that his conclusions are far more worthy of acceptance than those of his medical brethren.

- It is difficult to comprehend how the plan can relieve congestion at the trial level by adding more rather than fewer trial witnesses.

- The entire system of the administration of justice would be pinned to the fallibility or infallibility of a single witness.

(Next issue: Cross Examination of Medical Witnesses.)

Donors Sought

Two thousand volunteer blood donors are sought so that surgeons at the University of Arkansas Medical Center, Little Rock, can perform one open heart operation per week. The Arkansas Heart Assn. and the Pulaski County Heart Committee have agreed to organize the "walking blood bank."

Medicolegal 24-Hour Office Is Fraught With Danger

A physician whose office is known to be open 24 hours a day is advised to use caution in the way he employs medical students or unlicensed interns.

This warning comes from a medicolegal expert, who says:

"Quite a number of physicians, whose offices are open around the clock, employ students and interns to sleep in their offices during the night.

"If an emergency arises, the intern or student may render first aid. And if the case is serious, the student or intern may call in the physician."

"From a legal standpoint, this is a situation fraught with danger, both for the physician and the aspiring doctor."

The medicolegal expert points out that in these cases, the physicians are giving the public the impression that a licensed physician may be reached at their office 24 hours a day.

If an unlicensed intern or medical student treats a person, he may be accused of the unlicensed practice of medicine. For the physician, it may mean being charged with aiding and abetting the unlicensed practice of medicine.

"It is true that legally one does not have to be a doctor to give emergency care," the attorney acknowledged.

"But this situation may be altered if an injured person goes to a 24-hour office and finds no physician there, and then later contends that he could have gone to another office

nearby where a physician was available."

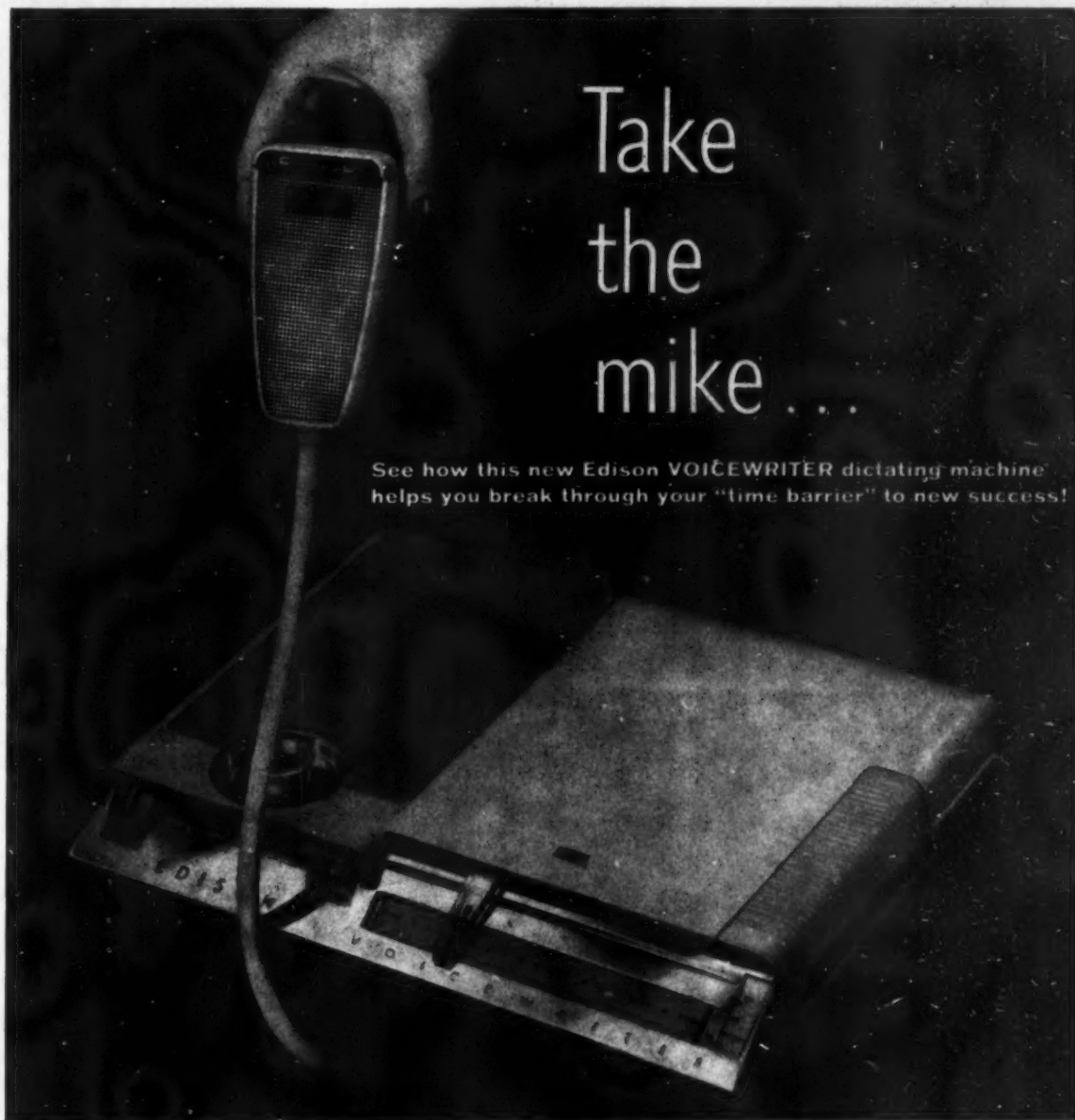
The medicolegal expert said that in this instance if the patient received care from a student or unlicensed intern and something went wrong, malpractice implications may be involved.

He urged physicians who employ unlicensed interns, unlicensed foreign doctors, or medical students, to:

- Make certain these people are employed as technicians in accordance with the law.

- Make sure patients understand the status of these people by referring to them as "Mr." even though they may hold the academic degree of a physician.

- Avoid leaving an unlicensed man in charge of a 24-hour office.



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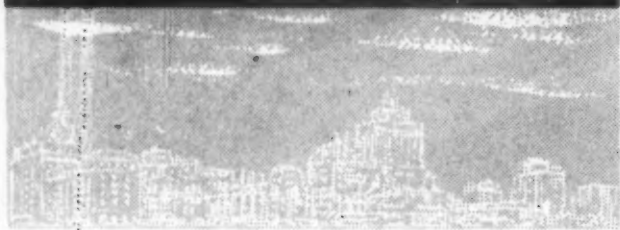
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*Presented by Sections on Obstetrics and Gynecology,
Anesthesiology, Diseases of the Chest, General Practice,
Nervous and Mental Diseases, Pediatrics,
and Preventive Medicine . . . in convention hall, ballroom*

Moderator: NICHOLSON J. EASTMAN, Baltimore

The Prenatal Period

Medical Services other than Obstetrical and Gynecological /
EDWIN F. DAILY, New York

Nutritional Aspects / BACON F. CHOW, Baltimore

Maternal Respiration—The Diaphragm /
COLEMAN B. RABIN, New York

Mental and Nervous Aspects / A. S. NORRIS, Iowa City
Discussion

The Natal Period

Obstetrical Anesthesiology / WILLIAM A. CULL, Cleveland

The Heart in Pregnancy and Childbirth /
THOMAS M. DURANT, Philadelphia

Management of Labor and Delivery—Progress /
M. EDWARD DAVIS, Chicago

Fetal Aspect / W. R. HEPNER, Columbia, Mo.
Discussion.

The Postnatal Period.

General Scope / ALICE D. CHENOWETH, Washington, D.C.

Newborn Cerebral Problems / PAUL M. ELLWOOD, Minneapolis

Resuscitation / VIRGINIA APGAR, New York

The Newborn. / CLEMENT A. SMITH, Boston
Discussion

SYMPOSIUM ON HEPATIC DISEASES

*Presented by Sections on Internal Medicine, Experimental
Medicine and Therapeutics, Gastroenterology and
Proctology, General Practice, Pathology and Physiology,
and Radiology . . . in convention hall, ballroom*

The Conjugation and Excretion of Bilirubin /
DAVID SCHACHTER, New York

Hepatic Coma: Its Physiological and Chemical Basis /
SAMUEL P. BESSMAN, Baltimore

Current Problems in Hepatic Pathology /
I. N. DUBIN, Philadelphia

Current Knowledge of Viral Hepatitis /
JOSEPH STOKES JR., Philadelphia

Radiography in the Diagnosis of Hepatic Disease /
JOHN R. HODGSON, Rochester, Minn.

Newer Concepts of Cirrhosis /
GERALD KLATSKIN, New Haven, Conn.

Panel Discussion

Moderator: CECIL WATSON, Minneapolis

Participants: DAVID SCHACHTER, SAMUEL P. BESSMAN, I. N. DUBIN,
JOSEPH STOKES JR., JOHN R. HODGSON, and GERALD KLATSKIN

**SYMPOSIUM ON THE RAMIFICATIONS
OF CERTAIN DISEASES OF THE BLOOD**

General Scientific Meeting . . . in convention hall, ballroom

Introduction

TIMOTHY R. TALBOT JR., Director, Institute
for Cancer Research, Philadelphia

Research in the Natural History of Human Leukemia /
CHARLES G. ZUBROD, Clinical Director, National Cancer
Institute, National Institutes of Health, Bethesda, Md.

Lymphoproliferative Disorders / WILLIAM DAMESHEK, Director,
Blood Research Laboratory, New England Center Hospital,
Boston

Treatment of the Acute and Chronic Leukemias /
JOSEPH H. BURCHENAL, Chief, Division of Clinical
Chemotherapy, Sloan-Kettering Institute, and
Professor of Medicine, Cornell University
Medical College, New York

General Summary / CHARLES A. DOAN, Dean and Professor of
Medicine, Ohio State University College of Medicine,
Columbus

*See complete scientific program and advance registration information
in the April 18 issue of the Journal of the American Medical
Association. To insure the widest possible choice of hotel-motel
accommodations write for room reservations immediately.*

Business Briefs

Tax Club: A tax savings club is being plugged by a Virginia bank. Savers deposit a set amount every other week and collect it all on April 1, just in time to pay Uncle Sam.

Stock Split: International Business Machines just voted its 7th stock split. If you had bought 153 shares of IBM before 1925 and just held on, you'd have 10,480 shares today with a market value of more than \$5.75 million.

Longer Drive: A new golf ball with solid nylon center is said to add 10 to 20 yards to the average drive.

New Insurance: Two hundred major insurance companies are trying new auto insurance in California. Plan provides 20% discount from current premiums for drivers with no accidents or "moving" traffic violations during a 3-year period.

Electric Car: American Motors Corp. and Sonotone Corp. are working on a car that will run on electric power from a nickel-cadmium battery of the type used in rocket missiles.

Color Film: President of Polaroid Corp. says his company is confident it can produce a color film for the Polaroid camera that could turn out pictures of really spectacular beauty. He gave no indication when company would start producing color film.

Infant Mortality Booklet Offered

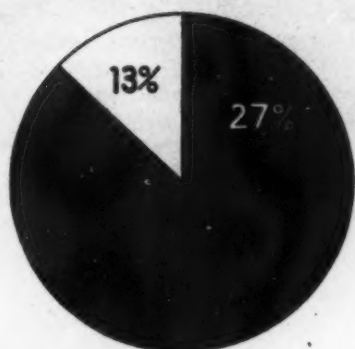
A guide to assist hospitals, city-county and state medical societies in setting up an infant mortality and morbidity study program is available from AMA's Council on Medical Service.

The booklet complements a 1957 publication, *A Guide for Maternal Death Studies*, published by the Council's committee on maternal and child care.

More than 65 other publications on medical service ranging from the business side of medical practice to physician placement are available from the Council.

Copies may be obtained by writing Council on Medical Service, AMA, 535 North Dearborn, Chicago 10, Ill.

EXTENT OF HEALTH COVERAGE IN FAMILIES



■ All members insured
□ Some but not all members insured
■ No members insured

AMA NEWS GRAPHICART
Source: Health Insurance Institute

Insured Want More Details

Americans generally are favorable toward the idea of health insurance, but they want more information on types and extent of coverage.

These are major findings of the first survey ever made by the health insurance industry on the pattern of health insurance coverage and public attitudes toward such coverage.

HII Survey: The nation-wide survey was conducted in late 1957 for Health Insurance Institute. Interviews with 2000 representative families yielded data on 6600 individuals.

Approximately 81% of persons interviewed favored health insurance for themselves and their families.

Nearly three out of four families have some form of health insurance protection, according to the survey, and in three out of five families every family member is insured.

Two of five families with protection had used their health insurance in the 12 months preceding the survey and seven of 10 families have used it at some time.

Families covered by insurance company policies frequently suggested claim service improvement and changes in cancellation rules.

Family Suggestions: Families with hospital and medical service plans tended to make suggestions concerning costs, benefits and services. All families wanted more information on health insurance.

The HII estimates more than 121 million Americans were covered by some form of health insurance at the beginning of 1959.

10% Collection Rate Isn't Cheap

Medical accounts can be collected for 10% . . . why pay more?

The answer is simple. A 10% collection rate is not profitable for the physician. A collection bureau actually could make a profit at a 10% rate, by "creaming the accounts," but the physician would come out on the short end of the stick.

This is how it would work:

Single Notice: Assume the doctor sends the collector \$1000 worth of accounts. With a 10% rate the collector could not afford to work all of the accounts, so he would quickly thumb through the list to find an account that would be fairly sure to pay off on a single notice.

Out of the whole list he finds one account for, say, \$76 that looks pretty good to him. He makes the contact and collects. The doctor recovers \$68.40 and the bureau gets \$7.60 commission. The remaining accounts aren't worth working at a 10% rate so the physician receives only \$68.40 from his \$1000 of delinquent accounts.

On the other hand, suppose the same \$1000 worth of accounts are given to a bureau with a 50% rate. This bureau can afford to work all of the accounts and according to national averages will collect a minimum of \$400. The doctor will then get \$200 . . . almost three times as much cash recovery, even though the "collection rate" is considerably higher.

It is easy to see that the collection rate is not the important factor. The



"Good news, Dr. Rutledge—collections are up next month!"

important thing is the amount of recovery.

A few years ago a national survey of reputable collection bureaus was made to determine the cost of collecting a dollar. With estimated cost increases since the survey was made, a good medical collection bureau today will spend at least 37c to collect a dollar.

National Average: This is on a national average and does not take into consideration local and regional conditions that can cause considerable variation in the exact figure. However, it definitely indicates that a 10% advertised rate is in about the same class as the advertisement that offers \$100 for any old radio turned-in on the purchase of a new TV.

Collecting accounts is a specialized, business operation. There is no room for "wheeling and dealing" in a good, medical collection bureau. The collection rate is not important. Cash recovery, ethical operation, good public relations . . . these are the things that should affect the doctor's decision in choosing his collection service.

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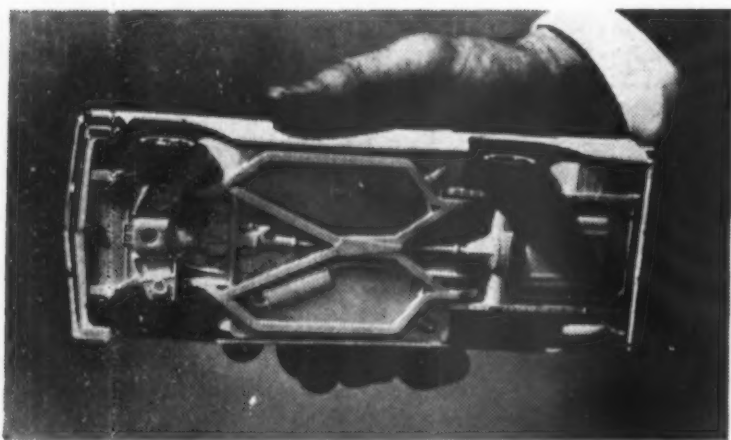
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